

INQUIRY TO PAST EMPLOYER (may also be done via phone, fax, e-mail, etc.)

FROM -- PROSPECTIVE EMPLOYER	TO -- PREVIOUS EMPLOYER
COMPANY	COMPANY
INDIVIDUAL	INDIVIDUAL
ADDRESS	ADDRESS
CITY STATE ZIP	CITY STATE ZIP

Dear Motor Carrier:

The person named below has made application to this company for employment as _____ and states that he/she was employed by your as _____ from _____ to _____.

Please reply to the inquiry below respecting this applicant. The applicant has waived any claim of liability against your company for information submitted in response to this inquiry -- see release form at bottom of this page.

Sincerely, _____

NAME OF APPLICANT _____

SOCIAL SECURITY NUMBER OF APPLICANT _____

1. Is employment record with your company correct as stated above? _____
2. What kind(s) of work did applicant do? _____
3. If employed as a driver, specify type of equipment driven _____
4. Number of accidents _____ Number preventable _____
5. Was applicant's driver's license ever suspended or revoked? _____
6. Reason for leaving your employ: Discharged _____; Laid Off _____; Resigned _____
7. Was applicant's general conduct satisfactory? Yes _____; No _____; Other _____
8. Is applicant competent for the position applicant is seeking? Yes _____; No _____; Other _____
9. Would you re-employ? Yes _____; No _____; Other _____
10. Any remarks with regard to question 1 - 9 above? _____

By: _____ Date _____
(Signature of person supplying information)

Detach here for your files.

PRIOR EMPLOYER LIABILITY RELEASE

(Former employer)

(Date)

I hereby authorize you to release all information regarding my services, character and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information.

(Applicant's Signature)

Witness's Signature